

**Application for Exemption from 6:00 p.m. Regulation
for placing Trash Barrels and Recycling Bins at Curbside**



Your Name: _____ Date of Birth _____

Address: _____ Zip _____

Phone: _____ Disability _____

Regular rubbish collection day – *circle one*: MON • TUE • WED • THUR • FRI

List the names, date of birth and disability for all others living in your household:

Name	Date of Birth	Disability
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain how your disability and the disabilities of your household members prevent you from placing the **trash barrels and recycling bins** at the curb at the appropriate time.

Please describe the circumstances that make it impossible for neighbors, relatives, friends, caretakers or others to place your trash barrels and recycling bins at the curb **after 6:00 p.m. on the day before your scheduled curbside collection**:

I certify that the information contained in this Application is correct. I understand that, once this Application is submitted, it may take up to **ten business days** to be processed by the Commission for Persons with Disabilities and the Department of Public Works. I understand that my eligibility is subject to periodic review, and that I may be asked to provide medical verification of my disability.

Signed: _____ Date: _____

Send completed application to:

**Cambridge Commission for Persons with Disabilities
51 Inman Street, 2nd floor
Cambridge, MA 02139**

PLEASE DO NOT WRITE BELOW THIS LINE

Reviewed by: _____ Date: _____ Approved _____ Rejected _____